

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bishopsville</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>77</i>	Years	Months <i>2</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>farmer</i>				
Name of Wife or Husband <i>Sarah Baker</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Sarah Baker</i>				How related to deceased <i>Widow</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>Two years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. P. Collins</i>
<i>Yes</i>	Address <i>Bristowville Md.</i>
Accident or Suicide?	



Name
in
Full

Wm H Bratten

CERTIFICATE OF DEATH

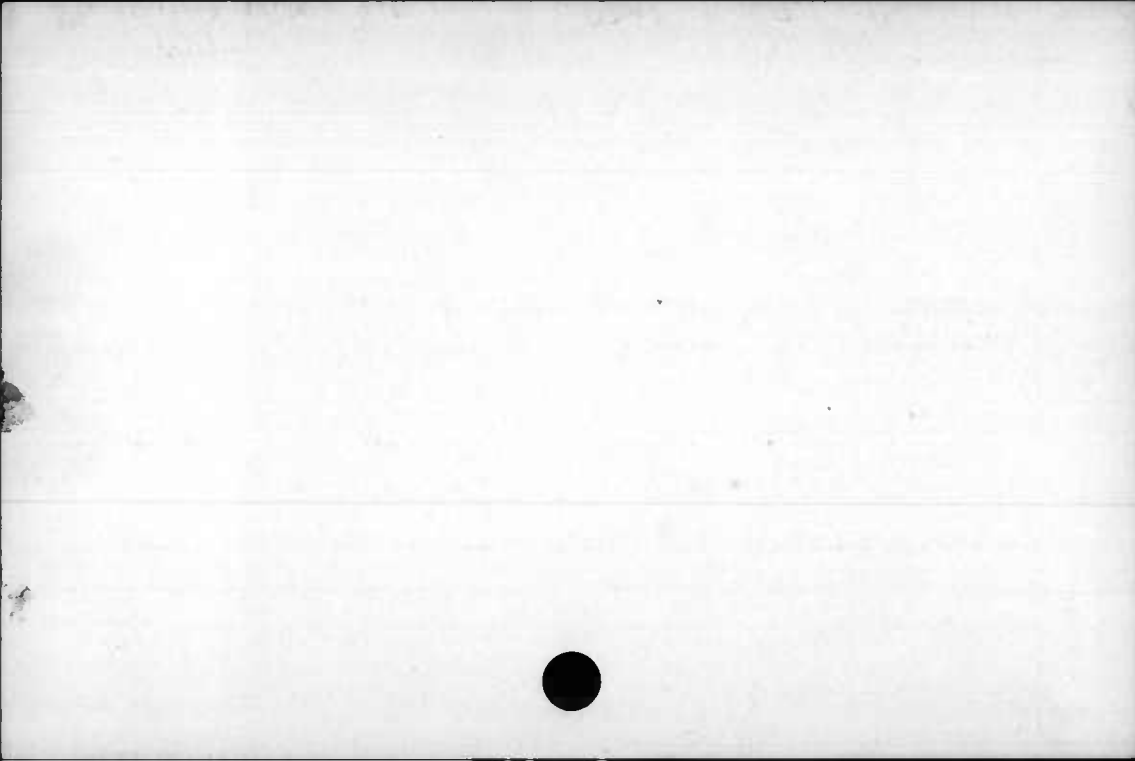
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stockton</u> ^{Town}		<u>Norcross</u> ^{County}		MARYLAND	
Date of death 190	<u>5</u> ^{Month}	<u>10</u> ^{Day}	Age <u>80</u> ^{Years}	Months <u>7</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Married, <u>Single</u> or <u>Widowed</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Mary A Payne</u>					
Father's Name <u>Henry Bratten</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Elizabeth Marshall</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>J. R. Payton</u>			How related to deceased <u>Son at Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart failure</u>	How long <u>3 days</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. W. Dickerson</u>
	Address <u>Stockton Ind</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

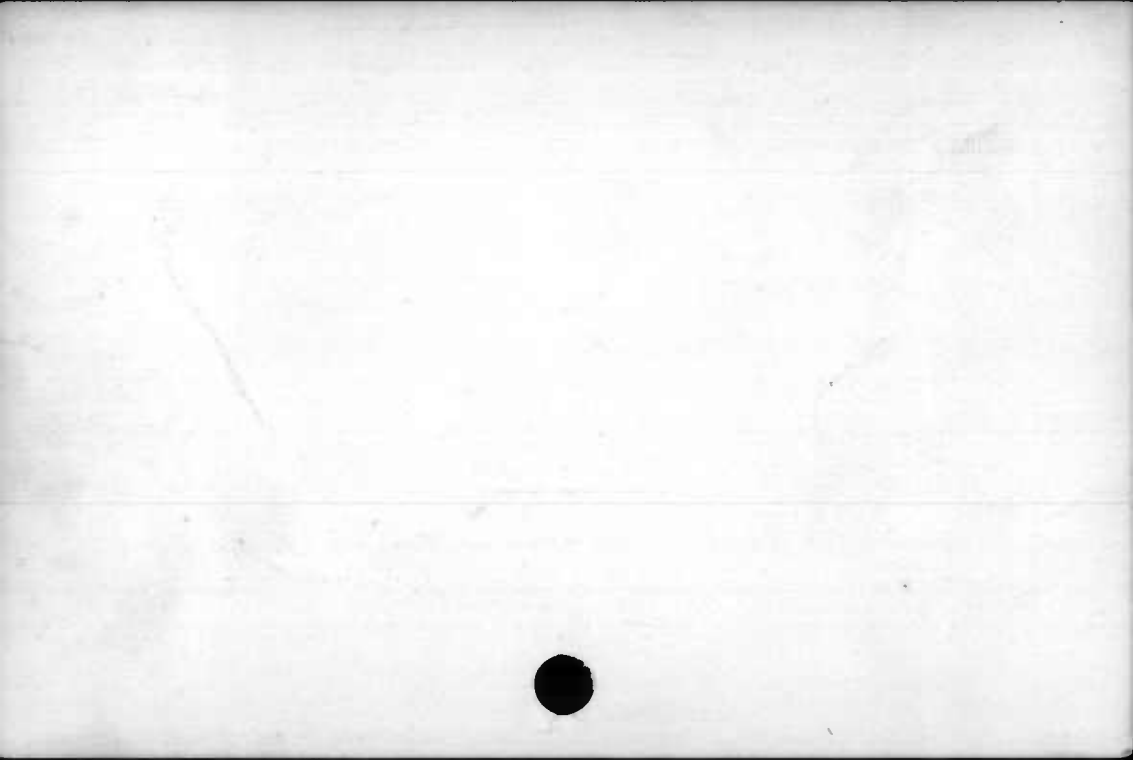
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	1905	Month	Oct.	Day	17
Age	48	Years		Months	7
Sex	male	Color or Race	white	Birth-place	md.
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Thomas Devereaux			Father's Birthplace	md.
Mother's Maiden Name	Mary Anne			Mother's Birthplace	md.
Name of person giving information	Anna C. Ritchie			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Diarrhoea	How long	-
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. D. S. H. Anglin, M.D.
		Address	Snow Hill, Md.
Accident or Suicide?	✓		



Name
in
Full

George Donaway

CERTIFICATE OF DEATH

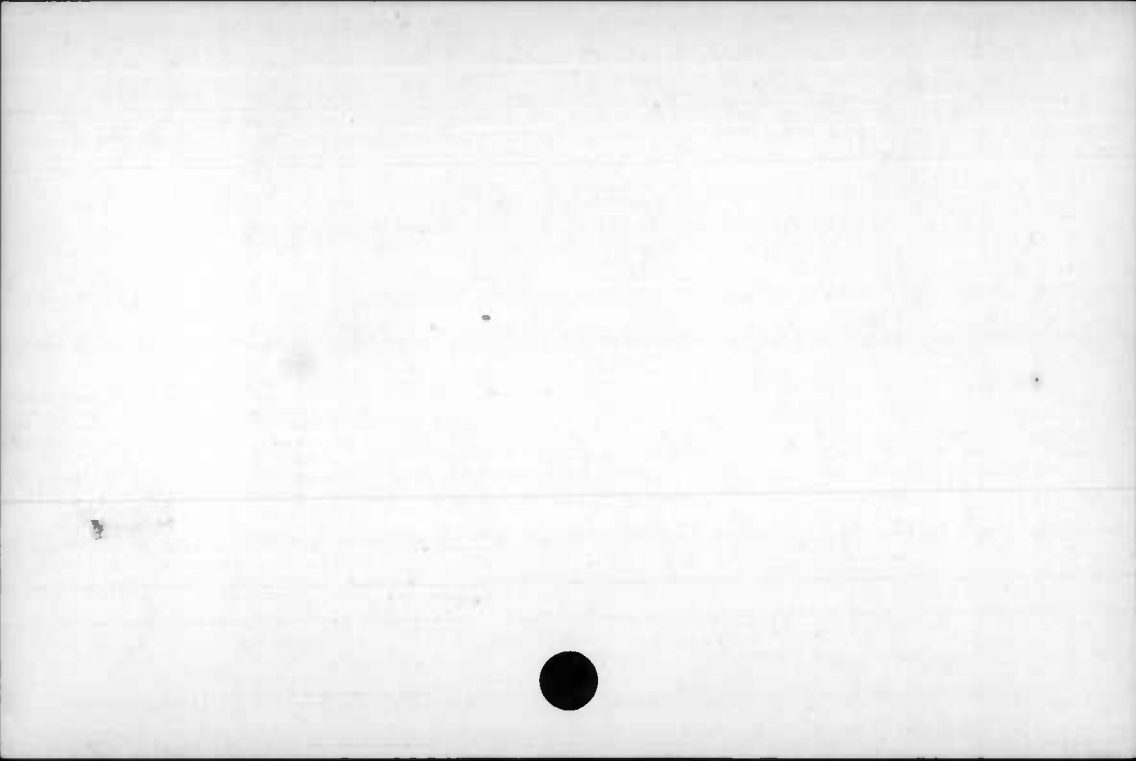
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Whaleyville</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death 1905	Month <i>Oct</i>	Day <i>25</i>	Years <i>19</i>	Months <i>10</i>	Days <i>21</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>farmer</i>				
Name of Wife or Husband <i>None</i>							
Father's Name <i>Joseph Donaway</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Donaway</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Clarica Donaway</i>				How related to deceased <i>Cousin</i>			

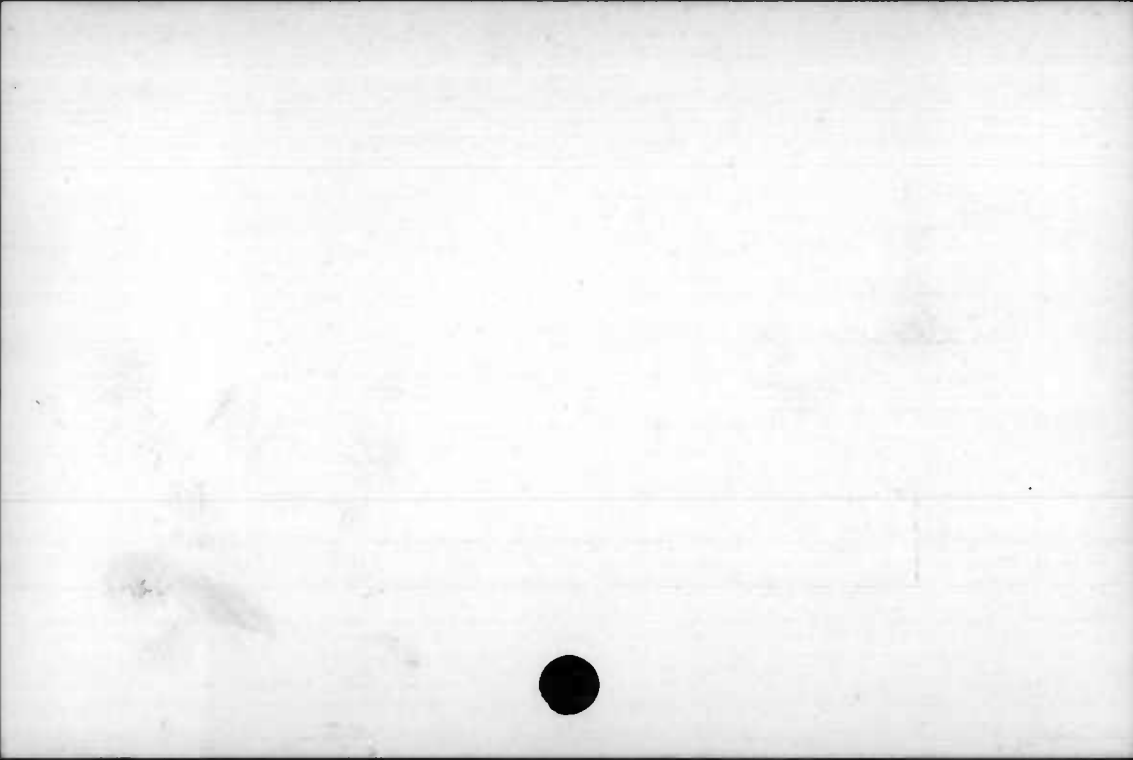
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Typhoid Fever</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Collins</i>
<i>Yes</i>	Address <i>Brittonville Md</i>
Accident or Suicide?	



Name in Full		Sidney Gault-Jr				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		near ^{Town} St Martin		County		Worcester	
	Date of death		1905	Month 10	Day 2	Age	Years 20	Months Days
	Sex		Male		Color or Race		White	
	Occupation		Farmer		Birth- place		Md	
	Where Residing if not at place of death							
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Sidney Gault				Father's Birthplace	
Mother's Maiden Name		Annette Dennis				Mother's Birthplace		
Name of person giving information		Frank Holland				How related to deceased		
		Uncle						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Enteric Fever				How long	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		C. W. Erickson	
					Address		Berlin Md	
Accident or Suicide?								



Name
in
Full

Infant - Hastings 1441
Town Berlin County Worcester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Med. Berlin

Worcester

MARYLAND

Date

of death 1905

Month

10

Day

12

Age

Years

0 Born

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Silas Hastings

Father's
Birthplace

Ind

Mother's
Maiden Name

Miss Whittington

Mother's
Birthplace

"

Name of person giving
In formation

Wm Hastings

How related
to deceased

S. father

CAUSES OF DEATH

Primary

Still Born

How long

S.

Immediate

Delayed delivery of false presentation

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

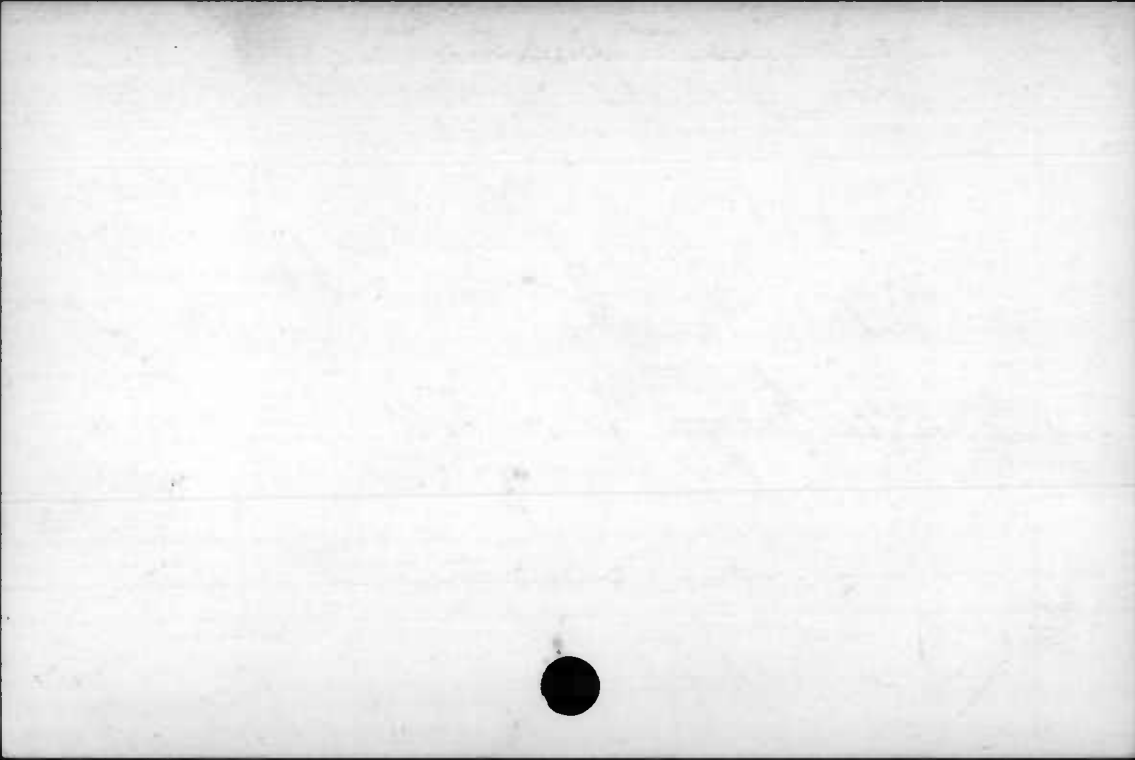
C. W. Drickman

Address

Berlin

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lippi Therry col

Died at *Berlin* ^{Town} *inn col* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *Oct* ^{Day} *2* Age *80* ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *Jamies Thorewell*

Father's Name *Milby Therry* Father's Birthplace *Maryland*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Serge Marshall* How related to deceased *none*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

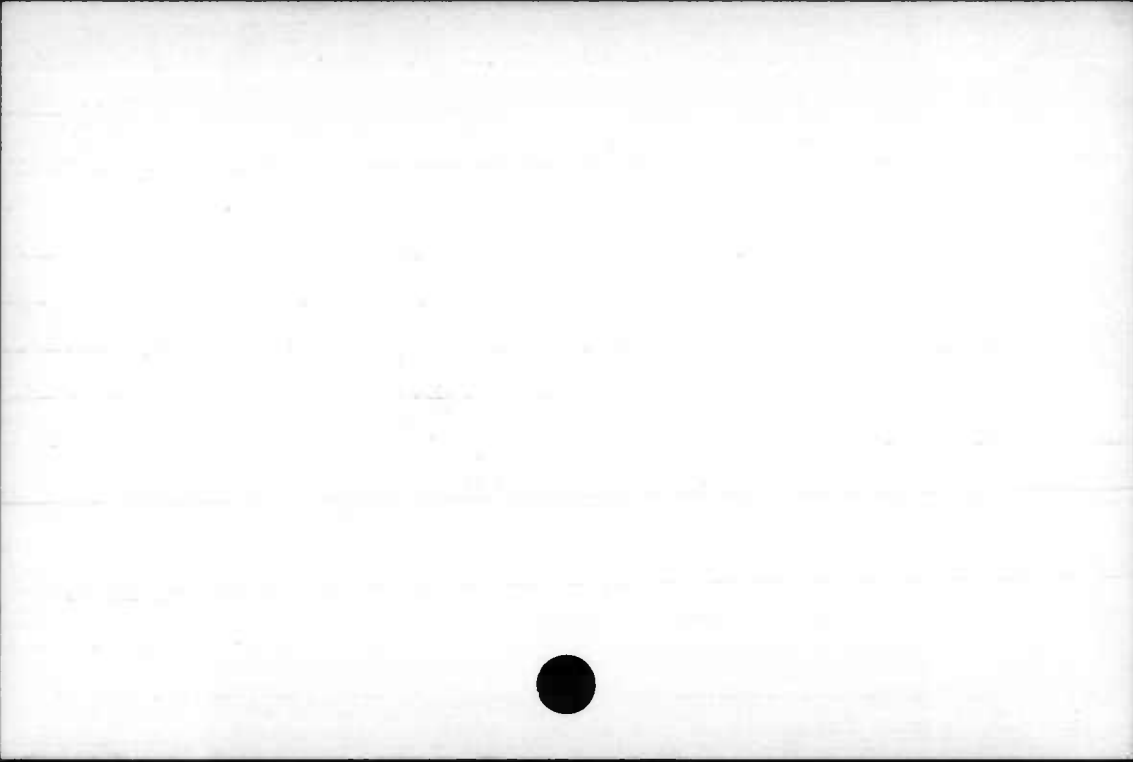
Signature of Physician

Address

Accident or Suicide?

E. L. L.

Name in Full		Lillie Holland				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Whaleyville		County		Worcester		MARYLAND	
	Date of death		1905	Month	Oct	Day	7	Years	Age	20
	Sex		Female		Color or Race		Black		Birth-place	
	Married, Single or Widowed		Single		Occupation		Housework			
	Name of Wife or Husband		None							
	Father's Name		Jink Holland		Father's Birthplace		Maryland			
	Mother's Maiden Name		Mary Holland		Mother's Birthplace		D.C.			
	Name of person giving Information		Percy Watson		How related to deceased		None			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Cerebro Spinal Meningitis				How long		One week	
	Immediate						How long		Three days	
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		R. P. Collins	
							Address		Bristolville Md.	
Accident or Suicide?										



Name
in
Full

Elijah Jones

CERTIFICATE OF DEATH

MARYLAND

Died at *Gudley* Town*Monrovia* CountyDate
of death *1903*Month
*Oct*Day
21

Age

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Gudley Ind.*

Occupation

*Trachumish*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Peter Jones*Father's
Birthplace*Ind.*Mother's
Maiden Name*Mary Pruitt*Mother's
Birthplace*Ind.*Name of person giving
information*Peter Jones*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Abscess of appendix

How long

about 1 week

Immediate

Peritonitis

How long

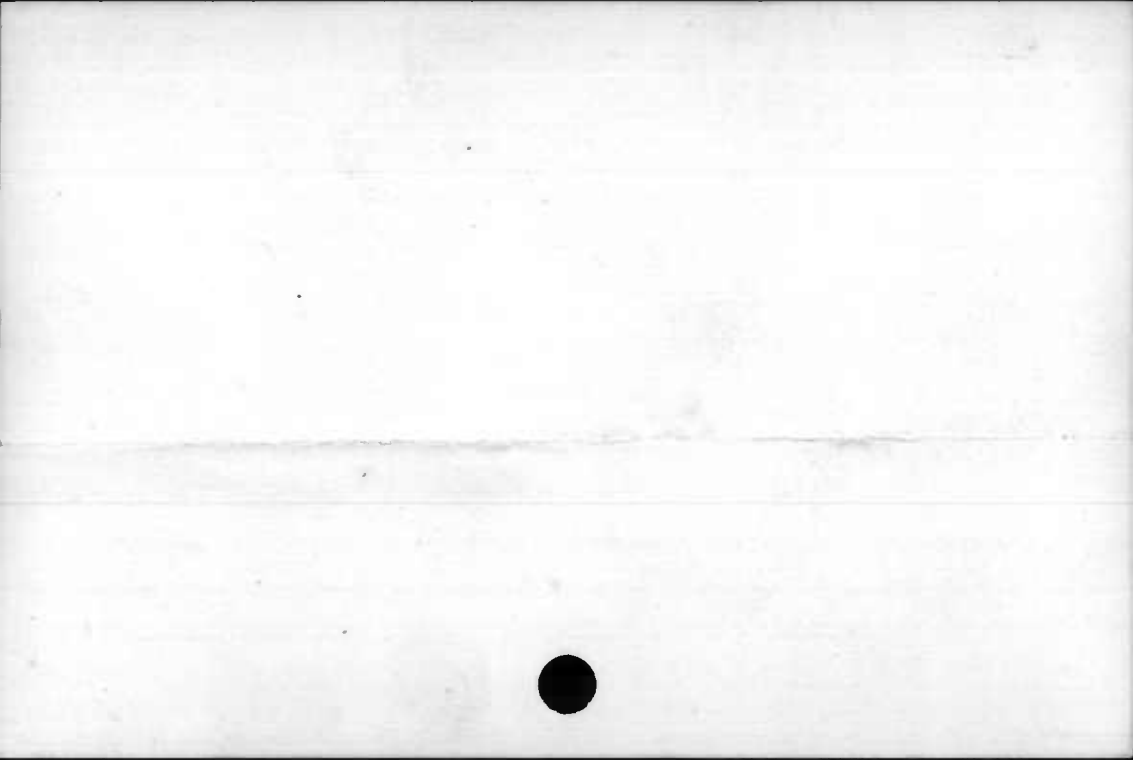
*18 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*C. H. B. Cunningham*

Address

Monrovia Co Ind.

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Stockton</u> <small>Town</small>		County <u>Monroester</u>	
		Date of death 190 <u>5</u> <small>Month</small> <u>10</u> <small>Day</small> <u>23</u>		Age <u>11</u> <small>Years</small> <u>9</u> <small>Months</small> <u>11</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>white</u>	
		Married <u>Single</u>		Occupation <u>N.C.</u>	
		Name of Wife or Husband			
FATHER'S NAME		Father's Name <u>A. J. Boyner</u>		Father's Birthplace <u>N.C.</u>	
		Mother's Maiden Name <u>Anna Broome</u>		Mother's Birthplace <u>N.C.</u>	
		Name of person giving information <u>A. J. Boyner</u>		How related to deceased <u>Father</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Typhoid fever</u>		How long <u>2 weeks</u>	
		Immediate <u>Intestinal hemorrhage</u>		How long <u>2 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. D. Dickerson</u>	
		Address <u>Stockton Md</u>			
		Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Lizzie Tangle

Town

County

Died at

Near Berlin

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190 J

10

10

Age

Sex

Female

Color or
Race

Blk

Birth-
place

Ind

Occupation

Where residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry Tangle

Father's
Birthplace

Ind

Mother's
Maiden Name

Ellen

Mother's
Birthplace

"

Name of person giving
In formation

John W. Burdette

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Typhoid fever

How long

3 weeks

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

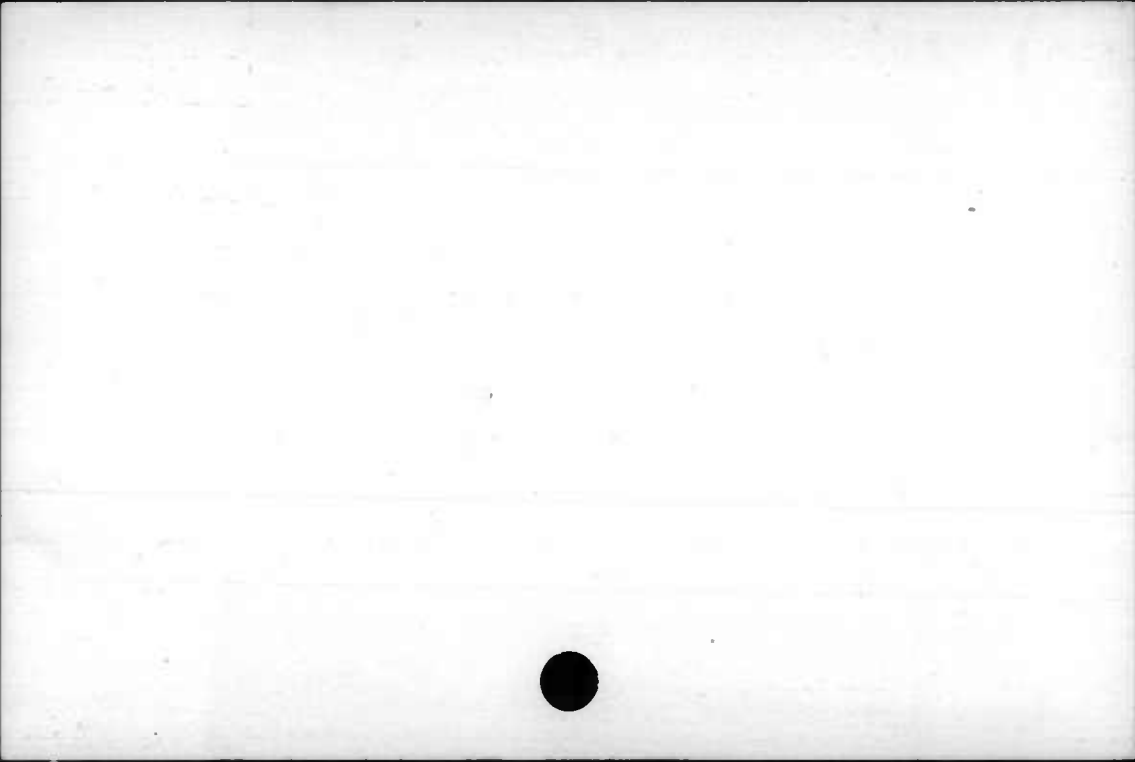
Signature of
Physician

Address

E. C. Holland
Berlin,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Virginia Aydelotte Melvin

CERTIFICATE OF DEATH

Died at		Town Becomoke City		County Worcester		MARYLAND	
Date of death		1905	Month Oct.	Day 17	Age about 60	Years	Months Days
Sex	Female		Color or Race	White		Birth- place	Near Becomoke Md
Occupation	Housewife until sickness		Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband		Douglas Melvin		
Father's Name	William J Aydelotte				Father's Birthplace	Worcester Md	
Mother's Maiden Name	Charlotte Marshall				Mother's Birthplace	Accomac Co Va	
Name of person giving Information	J J Boston				How related to deceased	Physician	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Tuberculosis		How long	about 5 years
Immediate	Exhaustion of vital forces		How long	about 3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J J Boston
		Address	Becomoke City Md	
Accident or Suicide?				

PHYSICIAN
OR CORONER

Name
in
Full

Unnamed Miller

CERTIFICATE OF DEATH

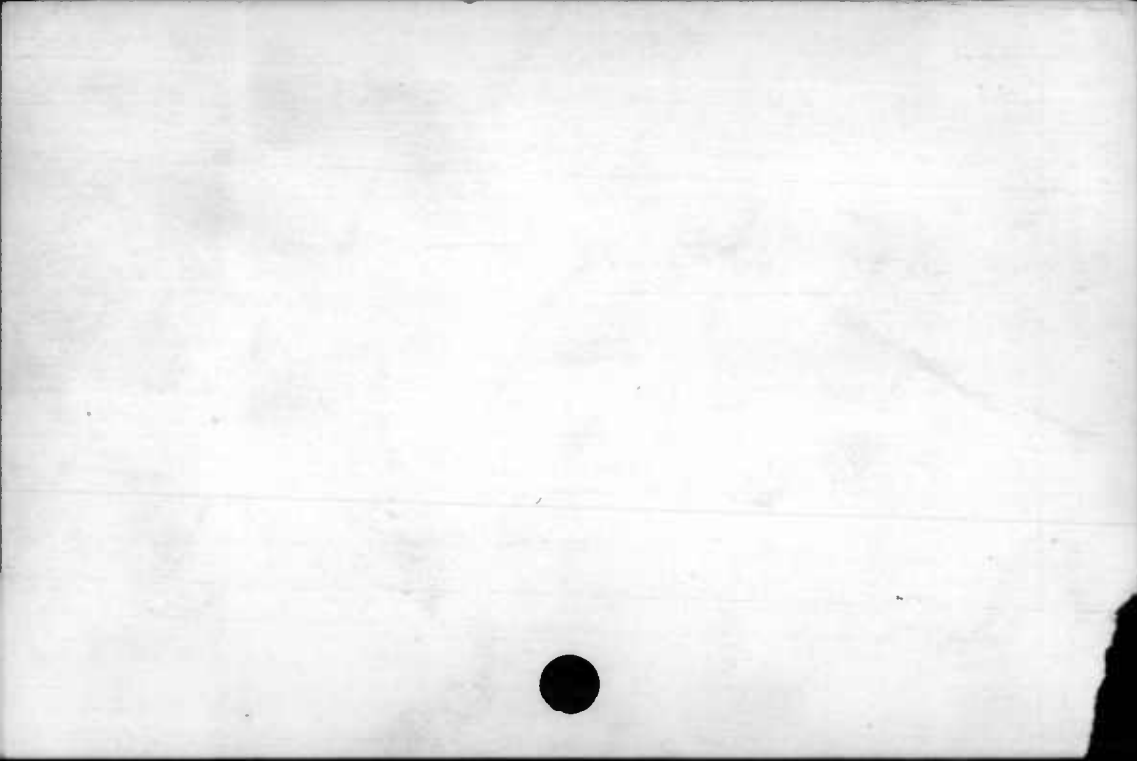
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke		County Worcester		MARYLAND	
Date of death		1905	Month 10	Day 29	Age —	Years —	Months —
Sex Female		Color or Race White		Birth-place Pocomoke		Days 14 days	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Lester Miller				Father's Birthplace Md			
Mother's Maiden Name Hatter Howard				Mother's Birthplace Md			
Name of person giving information —				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General nervous affection	How long	from birth
Immediate	General exhaustion	How long	some days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. W. Willis	
		Address Pocomoke	
Accident or Suicide?			



Name
in
Full

Baby Naine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Snow Hill^{County} Worcester

Date of death 1905

^{Month} Oct^{Day} 30Age ^{Years} 1^{Months} 5^{Days} 3

Sex Male

Color or Race Black

Birth-place Snow Hill

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Thomas Naine

Father's
Birthplace

Snow Hill

Mother's
Maiden NameMother's
Birthplace

Snow Hill

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Bronch. Pneumonia

How long

five days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

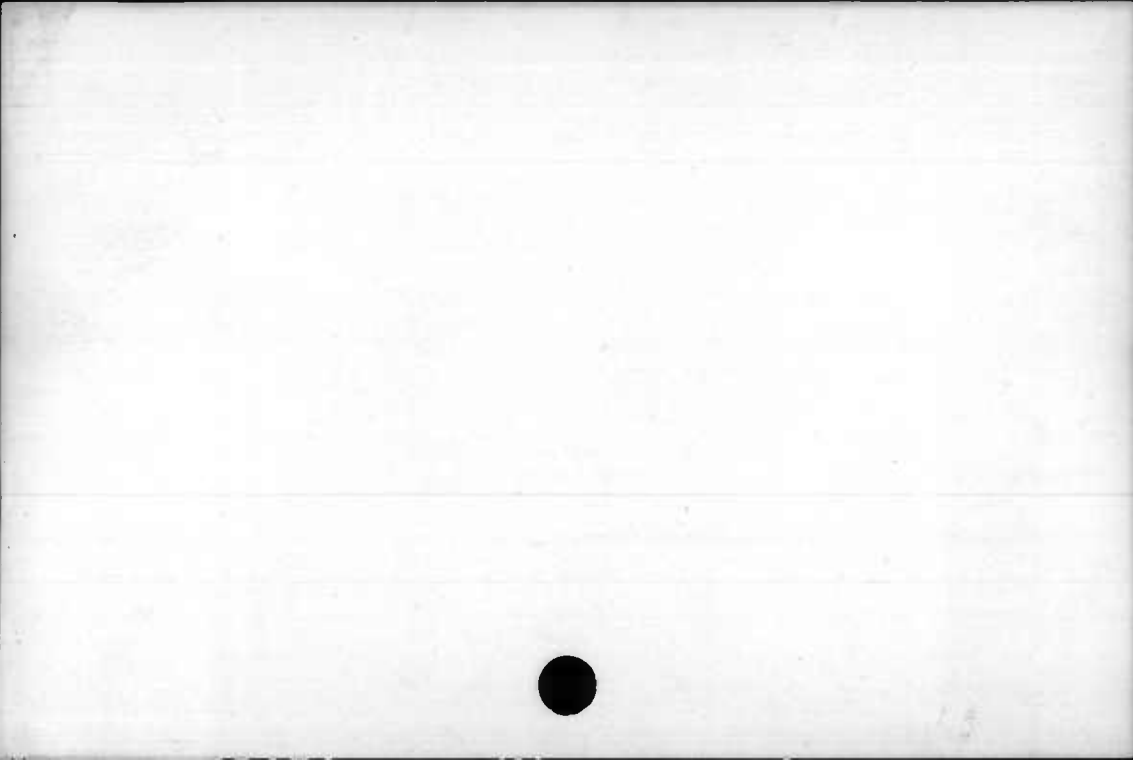
W. R. Elliott

Address

Snow Hill Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Henry B. Purnell

Town

County

MARYLAND

Died at

Ocean City

Worcester

Data 1903-

Month

Day

Y.

M.

D.

Native of

Occupation

10-19-

Age

27

Maryland

Merchant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Otha Purnell

Mother's

Maiden Name

Maggie Coffin

Cause of

Primary

How long sick

Death

Immediate

Gunshot wound

Accident, Suicide, Homicide

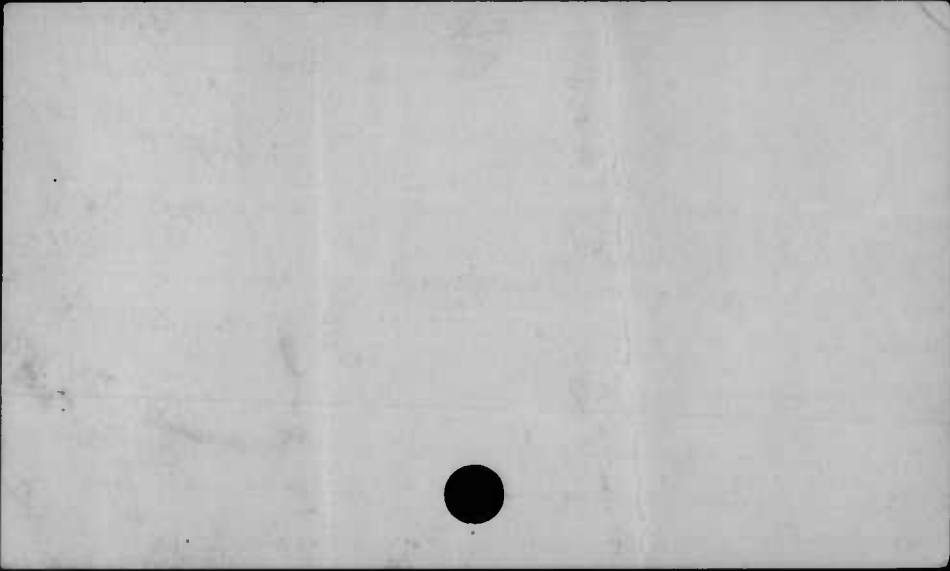
Reported by

J. B. Baggett M.D.

Address

Ocean City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edwina M. Scott. #7

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ocean City ^{Town} Worcester ^{County}
Date of death 1905 ^{Month} 10 ^{Day} 2 ^{Years} 5 ^{Months} 2 ^{Days}
Sex Female Color or Race White Birth-place Md
Occupation _____ Where Residing if not at place of death _____

Married ^{or Widowed} Name of Wife or Husband _____
Father's Name Edward M Scott Father's Birthplace Ind
Mother's Maiden Name J. Grimmer Mother's Birthplace "
Name of person giving information J E Wise How related to deceased none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions ^{How long} 24
Immediate Heart Failure ^{How long} _____

Are the name, age, sex, color, date and place correctly given above?

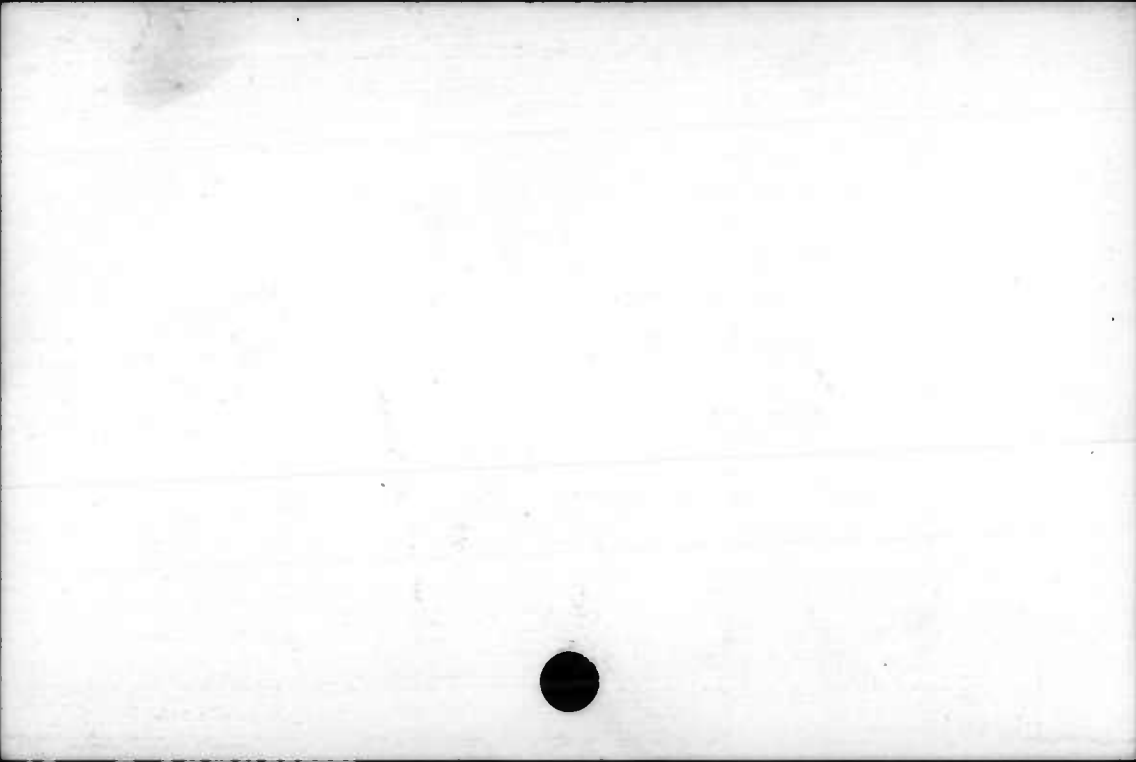
Yes

Signature
Physician

Address

Dr. E. L. Dushman
Baltimore

Accident or Suicide?



Name
in
Full

Catharine Porter Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death	1905-	Month 10	Day 1	Years 24	Age	Months -	Days -
Sex	Female		Color or Race	White		Birth- place	Ind
Occupation			Where Residing if not at place of death				
Home work							
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			James P. Townsend			Father's Birthplace	
Mother's Maiden Name			Helen Mae Jones			Mother's Birthplace	
Name of person giving Information			L. P. Jones			How related to deceased	
			Grandfather				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Phthisis Pulmonalis		How long	8 months
Immediate	Collapse		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L. P. Jones
			Address	Snow Hill Ind.
Accident or Suicide?				

